



Amazing Athletes®



Educational Sports Programs

If you wish to be considered for an Amazing Athletes Franchise please complete all fields requested on this confidential application then sign and return it to us via fax or e-mail. Please note that completion of this form does not constitute future obligations by you or Amazing Athletes Franchise Systems.

PERSONAL DATA :

Name: _____ Age: _____ E-mail: _____

Partner: _____ Age: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax: _____

How did you hear about Amazing Athletes? _____

EDUCATION :

High School: _____ Year Graduated: _____

College: _____ Major/Degree: _____

EMPLOYMENT HISTORY :

In lieu of filling out this section you can attach your resume(s).

Your Company: _____ Partner Company: _____

Your Position: _____ Partner Position: _____

Present Salary: _____ Present Salary: _____

How long have you been looking for a business? _____

What other businesses have you investigated? _____

FINANCIAL DATA :

In lieu of filling out this section you can attach your current financial statements.

Assets:

Cash on hand: \$ _____

Savings: \$ _____

Stocks/Bonds: \$ _____

Retirement: \$ _____

Real Estate: \$ _____

Vehicles: \$ _____

Total Assets: \$ _____

Liabilities:

Notes Payable: \$ _____

Revolving A/C: \$ _____

Credit Cards: \$ _____

Mortgage: \$ _____

Vehicle Loans: \$ _____

Other: \$ _____

Total Liabilities: \$ _____

MONTHLY EXPENSES :

Home: \$ _____

Living: \$ _____

Vehicle: \$ _____

Other: \$ _____

Total Monthly Expenses: \$ _____

Cash Available for investment in this business: \$ _____

Are additional funds available to you? _____ How much? \$ _____

Do you plan to have a partner? _____ Partner Name: _____

How involved will your partner be? _____

BACKGROUND INFORMATION :

Are you or your partner part of any criminal investigation at this time? _____

Have you or your partner ever been involved in a personal or business bankruptcy? _____

Are there currently any civil judgments against you or your partner? _____

Note: Amazing Athletes may require verification or more information on the above prior to awarding a franchise.

FUTURE PLANS :

Are you seeking a single franchise or multiple units? _____

Area(s) Preferred: 1. _____ 2. _____

When would you like to be open? _____

Why do you want to own your own business? _____

What skills do you have that will help you run a successful franchise? _____

Do you know anyone else who may be interested in Amazing Athletes Franchise Ownership? _____

Name: _____ City: _____

Contact Information: _____

ACKNOWLEDGEMENT :

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. Amazing Athletes Franchise Systems, Inc. is hereby authorized to investigate my background as it pertains to qualification, business considerations, and status. This may include investigations of employment, personal and professional references, education and information contained in public records including credit, criminal, and motor vehicle data. I release all such persons and companies from any liability or damages from having furnished such information.

To verify records please provide the following information:

Applicant First Name: _____ Middle: _____ Last: _____

Partner First Name: _____ Middle: _____ Last: _____

Applicant Signature: _____ Partner Signature: _____

Thank you for taking the time to fill out this application!